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(Requestor's Name)
(Requestors Name)
(Add)
(Address)
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(City/State/Zip/Phone #)
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(Document Number)
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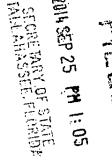


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COVER LETTER

TO:

Registration Section Division of Corporations

MURU INVESTMENTS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

L	IS	E	T	Γ	M	U	R	C	H

Name of Person

Firm/Company

11771 ROYAL PALM BLV #204

Address

CORAL SPRINGS FL 33065

City/State and Zip Code

P.LISETT@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LISETT MURCH

Name of Person

,,954,263-371

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status

□ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MURU INVESTMENT LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 07/07/2014 ____ and assigned Florida document number L14000106679 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name-of the new registered agent and/or the new registered office address here: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

_, Florida _

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

<u>Title</u>	<u>Name</u>	Address Type of Action
MGR	SYHAIL RUZ	Urb Trigal Sur Calle Los Mijaos ■ Add
		#90 A-31 Valencia Edo Carabobo
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he effecti	e date, if other than the date of filing:	
ated	09/12/2014	
	01/30/4	
	W W	
	Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member LISETT MURCH MGR	2014
	Signature of a member or authorized representative of a member	2014 SEP
	Signature of a member or authorized representative of a member LISETT MURCH MGR	20 N SEP 25
_	Signature of a member or authorized representative of a member LISETT MURCH MGR	2014 95P 25 PM 1: 05 SECRETARY OF STATE

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Filing Fee: \$25.00